## Application Number 10/519,601 **TRANSMITTAL** Filing Date 9/16/2005 **FORM** First Named Inventor De Ven, Wilhelmus, Matihijs Van Art Unit 2839 Examiner Name Chandrika Prasad (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Attorney Docket Number 3135 - 048013

ENCLOSURES (check all that apply)											
Fee Transmittal	Form	Drawing(s)			After Allowance communication to TC						
Fee Attac	hed	Licensing-rela	ted Papers		Appeal Communication to Board of Appeals and Interferences						
✓ Amendment / Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
✓ After Fina	nl	Petition to con Provisional Ap			Proprietary Information						
Affidavits	s/declaration(s)	Power of Attor Change of Con Address	rney, Revocation respondence		Status Letter						
Extension of Time Request		Terminal Disc	laimer	$\checkmark$	Other Enclosure(s) (please identify below):						
Express Abandonment Request		Request for Re	efund	Requ	Request for Continued Examination						
Information Disclosure Statement		CD, Number of CD(s)									
		Landscap	e Table on CD								
Certified Copy of Priority Document(s)		Remarks									
	Reply to Missing Parts/										
Incomplete App											
	Missing Parts CFR 1.52 or 1.53										
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No23-0650											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name	Firm Name The Webb Law Firm										
Signature	Signature										
Printed Name	Printed Name John W. McIlvaine										
Date	July 15, 2008		Reg. No.	34219							
CERTIFICATE OF TRANSMISSION / MAILING											
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signature Florence & Trevether											
Typed or printed nan				Date	July 15, 2008						

						Wasana wa Mikata ya Manaka Ma						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				8).	Complete if Known							
FEE TRANSMITTAL				Appli	Application Number 10/5		0/519,601					
For FY 2008				Filing	Filing Date 9/16/20			)5				
FUI F I 2000				First				, Wilhelmus, Matihijs Van				
Applicant claims small entity status. See 37 CFR 1.27								rika Prasad				
TOTAL AMOUNT OF PAYMENT (\$) 1400.00					Art Unit 2839							
TOTAL AMOUNT OF PAYMENT (\$) 1400.00 Attorney Docket 3135 - 048013												
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
	fee(s) indic		3	- F F (-)	Charge fee	(s) indicated	below, exc	ept for the	filing fee			
	any addition 77 CFR 1.16	nal fee(s) or und and 1.17	ierpayments	or ree(s)	✓ Credit any	overpaymen	its					
WARNING: Information on information and authorization	this form may n on PTO-203	become public. 8.	Credit card in	formation sho	uld not be included or	n this form. Pr	rovide credit	card				
FEE CALCULATION	(All the fe	es below are o	lue upon fi	ling or may	be subject to a s	urcharge.)						
1. BASIC FILING, SI												
	FILIN	G FEES	SEAR	CH FEES	ES EXAMINATION FEES							
A 12 42 75	_	Small Entity		Small Entity								
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees P	<u>'aid (\$)</u>			
Utility	310	75	510	255	210	105		······································	The state of the s			
Design	210	105	100	50	130	65		****				
Plant	210	105	310	155	160	80		*				
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0						
2. EXCESS CLAIM F	EES								Small Entity			
Fee Description												
Each claim over 20 (including Reissues)								50	25			
Each independent claim				210	105							
Multiple dependent clair  Total Claims - 20		Extra Clai	, , E	aa (ft)	For Dold (6)		70	370	185			
19 -	<u>0 or HP</u> 20	= 0	X X	<u>ee (\$)</u>	Fee Paid (\$) 0		<u> </u>	<u> Fee (\$)</u>	ependent Claims Fee Paid (\$)			
HP = highest number of to								rectar	ree I aid (5)			
Indep. Claims - 3	or HP	Extra Clai	ms F	ee (\$)	Fee Paid (\$)		·····		-			
1 -	3	= 0	x		0							
HP = highest number of ir	dependent cla	ims paid for, if g	reater than 3.									
3. APPLICATION SIZ												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof.												
See 35 U.S.C. 4			٠,		:4:1 50 5	45 47		(#)	N. D. 1160			
Total Sheets	Extra S		Number		itional 50 or frac I up to a whole num		<u>f Fee</u> x	<u>(2)</u>	Fee Paid (\$)			
***************************************				(rounc	a up to a whole han				E D-11 (0)			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 1 Mo Diff. in Ext. of Time (\$590.00) and RCE (\$810.00) filing fees												
SUBMITTED BY												
Signature Registration No. (Attorney/Agent) 34219 Telephone 412								ne 412-4	471-8815			
Name (Print/Type) John W. McIlvaine Date July 15,												